

## Essential Futures Limited

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### Inspection report

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### Ratings

#### Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This inspection took place on 16 June 2016 and was announced.

Essential Futures provides domiciliary care to younger adults with a learning disability or with mental health difficulties, in their own homes, some of which were shared. At the time of our inspection, 50 people were being supported.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe with the staff who supported them, and we saw people were comfortable with staff. Relatives were also confident people were safe. Staff received training in how to safeguard people from abuse and were supported by the provider who acted on concerns raised and ensured staff followed safeguarding policies and procedures. Staff understood what action they should take in order to protect people from abuse. Risks to people's safety were identified, minimised and flexed towards individual needs so people could be supported in the least restrictive way possible and build their independence.

People were supported with their medicines by staff who were trained and assessed as competent to give medicines safely. People told us their medicines were given in a timely way and as prescribed. Checks were in place to ensure medicines were managed safely.

There were enough staff to meet people's needs effectively. The provider conducted pre-employment checks prior to staff starting work, to ensure their suitability to support people who lived independently. Staff told us they had not been able to work until these checks had been completed.

People told us staff asked for consent before supporting them in ways they were comfortable with. People were able to make their own decisions and staff respected their right to do so. Staff and the registered manager had a good understanding of the Mental Capacity Act 2005.

People and relatives told us staff were respectful and treated people with dignity. We observed this in interactions between people, and records confirmed how people's privacy and dignity was maintained. People were supported to make choices about their day to day lives. For example, they were supported to maintain any activities, interests and relationships that were important to them.

People had access to health professionals when needed and care records showed support provided was in line with what had been recommended. People's care records were written in a way which helped staff to deliver personalised care and gave staff information about people's communication, their likes, dislikes and preferences. People were involved in how their care and support was delivered and, where people wanted

this, staff worked with advocates to ensure people were supported effectively.

People and relatives told us they felt able to raise any concerns with the registered manager. They felt these would be listened to and responded to effectively and in a timely way. Staff told us the management team were approachable and responsive to their ideas and suggestions. There were systems in place to monitor the quality of the support provided, but the provider was developing new systems, which they hoped would be more effective in obtaining the views and experiences of people using the service.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People's needs had been assessed and risks to their safety were identified and managed effectively. Staff were aware of safeguarding procedures and knew what action to take if they suspected a person was at risk of abuse. People received their medicines safely and as prescribed from trained and competent staff. There were enough staff to meet people's needs.

### Is the service effective?

Good ●

The service was effective.

People's rights were protected. People were able to make their own decisions, and were supported by staff who respected and upheld their right to do so. People were supported by staff who were competent and trained to meet their needs effectively. People received timely support from health care professionals when needed, to assist them in maintaining their health.

### Is the service caring?

Good ●

The service was caring.

People were supported with kindness, dignity and respect. Staff were patient and attentive to people's individual needs and staff had a good knowledge and understanding of people's likes, dislikes and preferences. People were supported to be as independent as possible by staff who showed respect for people's privacy and dignity.

### Is the service responsive?

Good ●

The service was responsive.

People received personalised care and support which was planned with their involvement. People's care and support plans were regularly reviewed to ensure they met people's needs, and people were well supported during times of change. People participated in activities and interests that were important to

them. People knew how to raise complaints and were assisted to do so.

**Is the service well-led?**

**Good** ●

The service was well led.

People felt able to approach the management team and were listened to when they did. Staff felt supported in their roles, although they were uncertain about some policy changes, which the provider agreed they needed to reiterate with staff. There were quality monitoring systems in place to identify any areas that needed improvement. These systems were in the process of being updated and improved in recognition of changes to the service provided.

# Essential Futures Limited

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 16 June 2016 and was announced. We told the provider in advance so they had time to arrange for us to speak with people who used the service. The inspection was conducted by one inspector.

We reviewed the information we held about the service. We looked at information received from local authority commissioners. Commissioners are people who work to find appropriate care and support services for people and fund the care provided. We also looked at statutory notifications sent to us by the service. A statutory notification is information about important events which the provider is required to send to us by law.

A provider information return (PIR) was not requested before the inspection. We gave the registered manager the opportunity during the visit to tell us what the home did well and what areas could be developed.

During our inspection visit, we spoke with four people who received care and support in their own homes. With people's agreement, we spent time observing interactions between people and staff while we spoke with them. We spoke with four relatives over the telephone. We also spoke to the registered manager, a team manager and four care staff.

We reviewed six people's care plans, to see how their care and support was planned and delivered. We looked at other records related to people's care and how the service operated to check how the provider gathered information to improve the service. This included medicine records, staff recruitment records, the provider's quality assurance audits and records of complaints.

# Is the service safe?

## Our findings

People told us they felt safe with staff supporting them. People also told us they felt confident to raise any concerns they had, or to tell staff if they did not feel safe. One person told us, "I would talk to the carers if I was worried about anything." Some people agreed to us to speak with us in a communal area they were using at the provider's office location, and wanted staff members to be present, because it made them feel confident. We saw people were relaxed and comfortable around staff and responded positively when staff approached them. Relatives also told us they thought people were safe. Relatives also felt people were safe, one commented, "There is someone there every night. That makes me happy that he is safe."

The provider protected people from the risk of harm and abuse. Staff had received training in how to protect people from abuse and understood their responsibilities to report any concerns. They also understood how to look out for signs that might be cause for concern. One staff member said, "I would look out for any out of the ordinary behaviour like people being reserved, marks, bruises, or if people weren't their usual selves. I would get in touch with the team manager straight away." Another staff member told us, "I would go above the manager if I thought something was not being dealt with." There were policies and procedures for staff to follow if they were concerned that abuse had happened. Records showed the provider managed safeguarding according to multi-agency policies and procedures which helped to keep people safe.

The provider's recruitment process ensured risks to people's safety were minimised. Staff told us they had to wait for checks and references to come through before they started working with people. Records showed the provider obtained references from previous employers and checked whether the Disclosure and Barring Service (DBS) had any information about them. The DBS is a national agency that keeps records of criminal convictions.

Risks relating to people's care needs had been identified and assessed according to people's individual needs and abilities. Action plans were written with guidance for staff on how to manage these risks, and were focussed on supporting people to take risks if they wanted to, rather than to remove them entirely. Risk assessments were also focussed on encouraging people to take responsibility for managing risk themselves, and detailed how staff might support them to do this. Clear information was available for staff on what action they should take if people did not manage their own risks effectively. Risk assessments were up to date, and staff knew about the actions people had agreed to minimise the identified risks. Risk assessments were also matched to key goals identified in people's care plans so that people could achieve what they wanted to as safely as possible.

The provider also assessed risks in people's homes to ensure people were supported in environments which were as safe as possible for them, and for the care staff who supported them.

Staff told us there were enough staff on duty to meet people's needs. They also told us they worked with a consistent group of colleagues to support specific people. One staff member commented, "Staff who know people, know how to deal with things and how to respond. [Name] has four main staff. [Name] hates change so that helps."

People told us they got their medicines on time and as prescribed. One person told us, "Staff remind me about my tablets."

People's medicines medication administration records (MAR) sheets included relevant information about the medicines people were prescribed, the dosage and when they should be taken. We saw staff completed MAR sheets in accordance with the provider's policies and procedures, which demonstrated people were supported to take their medicines safely and as prescribed.

We saw action was taken where staff had not followed agreed recording procedures. For example, one person's MAR sheet, had not always been completed according to the provider's policy and procedures. Where the person had declined to take their medicine, this had not always been indicated and had instead been left blank, and the reason they declined had not been recorded. A team manager explained the MAR sheet had come back to the office to be reviewed and archived. They told us they had planned to go through the MAR sheets and would have noticed the gaps in recording. They told us clear messages about recording expectations would be communicated to the staff team responsible for supporting the person.

Records showed medicines were checked by senior members of staff on a regular basis to ensure people had been given the right medicines at the right times. One of these audits had identified that there was no PRN (PRN is medication prescribed on an 'as required' basis) protocol in place to guide staff on when someone might need pain relief medication, but had not requested it. We saw that, shortly after the audit had taken place, PRN guidance was added to the person's care plan.

# Is the service effective?

## Our findings

Staff told us they had an induction when they started working with people supported by the service. They told us they worked alongside experienced staff who knew people well. They told us they were given time to read people's care records and to talk to people about how they wanted to be supported. Induction also included being assessed for the Care Certificate, and working alongside more experienced members of staff before working with people on their own. The Care Certificate assesses staff against a specific set of standards. Staff have to demonstrate they have the skills, knowledge and behaviours to ensure they provide compassionate and high quality care and support.

Records showed new staff were signed off as being competent by a senior member of staff once they had completed their induction. New staff felt well supported during and after their induction period. One staff member told us, "After the initial induction training, I was asked, 'do you feel ready or do you feel like you need more training first?'" The staff member told us they did not need any further training, and felt confident.

Staff told us they had training which helped them respond to the individual needs of people they supported. One staff member told us about training they had been given to help support someone whose behaviour had become more challenging. They explained how it had helped them support the person better, "We went through how people can have highs and lows, and how, if they are on a high, their adrenaline could still be high even if it is a long time after an incident. It helped me to manage things." Another staff member spoke about training they had on dysphagia. Dysphagia is a condition which makes it difficult for people to swallow. They commented, "The dysphagia training was a good one. One person I support has dysphagia so I was reassured that I knew all about it."

The provider had an in-house trainer who provided bespoke training to staff where difficulties had been identified. They told us this might happen where someone's needs had changed and staff needed information about a particular condition for example. The provider offered all staff the opportunity to undertake a Diploma in social care, and rewarded staff financially when they successfully completed the qualification.

A training record was held by the registered manager of what training each member of staff had undertaken and when. The provider had guidance in place which outlined what training staff should complete depending on their role. The registered manager told us they ensured this guidance was followed.

Staff told us they attended regular one to one supervision meetings with the registered manager, which gave them the opportunity to talk about their practice, raise any issues and ask for guidance. This helped staff reflect on their knowledge, skills and values and to understand how they could become more effective. One staff member commented, "We talk about the clients, how we are finding things."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible

people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

Staff understood the importance of asking for people's consent. We were able to observe interactions between people and staff. We saw staff asking people for their permission, and that they ensured people were happy with that was happening.

Staff understood and applied the principles of the MCA. One staff member told us, "You go into it assuming people do have capacity and work from there. The person I am working with now has capacity in some areas but not others." People's care plans included information for staff on the level of support people needed with day-to-day decision-making. For example, one person's care plan had identified they might not have capacity to understand the need for daily foot care. The person's care plan included guidance for staff on how they could mitigate the risk of the person declining foot care, and how staff should record this.

The registered manager understood their responsibility to alert the local authority if a person needed to be deprived of their liberty for their safety, and were in the process of doing so in relation to a small number of people whose needs had changed and where restrictions were being considered. The registered manager showed us new paperwork they had introduced to record any decisions that were made in people's 'best interests', by people's representatives, their families, and professionals where appropriate.

People told us they were supported to access support and advice from health professionals on a routine basis as well as when sudden or unexpected changes in their health occurred. One person told us, "If I need help to see a Doctor, I make my own appointment but staff go with me." Records showed health professionals were contacted when people needed them and that recommendations made by health professionals had been incorporated into people's care plans.

People told us they chose what they wanted to eat. Some people told us they were supported by staff to ensure they followed a balanced diet. One person had recently been diagnosed with dysphagia. The provider had supported them to be assessed by the Speech and Language Therapists (SALT), who had made recommendations about the consistency of food and fluids to make it easier for the person to swallow. The team manager explained that support plans were being updated to ensure staff had this information and could ensure the person's nutrition and hydration were maintained. The information was shared verbally with staff whilst support plans were being updated.

## Is the service caring?

### Our findings

People spoke positively about the staff who supported them. One person said, "The staff are nice." People were comfortable with staff, and were supported in a kind and caring way, which encouraged friendship. We saw people interacting on a one-to-one basis with staff. People were relaxed around staff and responded positively to them. Relatives also told us they thought the staff were caring, and built bonds with people. One relative commented, "I think it has helped there are staff the same age as [Name]. There is mix of all ages actually which is good."

Staff told us the registered manager encouraged them to support people in a compassionate and caring way. One staff member said, "We go above and beyond to make sure people are in the best situation possible." Another staff member spoke with us about the things they did to try and build up a rapport with the people they supported. They said, "I treat people like my own family. I have fun with people and they respond. It makes the job more enjoyable." One recently recruited member of staff told us they had noticed the caring attitude of staff from the start, and commented, "It is about how the staff are with clients. How they act, how they talk to people. It is normal, friendly. We share a laugh."

Senior staff confirmed they thought care staff supported people in a kind and caring way. One of the team managers said, "We get some really good ideas from the support workers that show how much they care."

People told us staff supported them to live independent lives. One person told us, "It is alright with the staff. I like to cook spaghetti bolognese, staff help me if I need it." Staff understood the importance of supporting people to live independent lives, and how this had a positive effect on people's well-being. One staff member told us, "It is about taking a step back. Making sure people are okay with it but that they know I am there if they need me." Another staff member said, "If we go shopping for example, people tell me what they want not the other way round. Also, getting people to sign for things, it is their house not mine." Relatives felt it was important for people to be encouraged to be independent, and were confident staff supported this. One relative said, "Whenever they go out they use the bus, or they will walk. It helps [Name] to be independent."

People were involved in deciding how their care and support should be delivered, and were able to give their views on an on-going basis. For example, people had signed to say they agreed with their care plans. Staff communicated with people in ways they understood to establish what they wanted. One staff member told us, "Care plans are personal not just bullet points. We make sure people are involved as it centres on them. We ask them about their likes and dislikes, if anything is happening they are not happy with. Also, we would ask people if things are working for them or is there anything they would like to change."

People's care plans were written in a personalised way, and included information about people's life history, their likes, dislikes and preferences, and how they wanted to be supported. They also contained information on people's religious and cultural needs and preferences. Staff told us they used this information to build relationships and bond with people over shared interests.

People were supported to maintain family relationships which were important to them, and relatives told us the provider supported them to have regular contact with people, if this was what people wanted.

People's privacy and dignity was respected. Staff told us they were encouraged by the provider to promote people's dignity and to safeguard their privacy. For example, during our inspection visit, staff ensured people had the opportunity to speak with us in private if they wanted to. One of the team managers explained how the provider tried to ensure people's privacy. They commented, "We change people's routine slightly to give people time out or time away from others."

## Is the service responsive?

### Our findings

People told us staff supported them in the ways they preferred and that staff respected the choices they made. One person commented, "Staff are good, they know what I need." People also felt staff understood their needs and were able to adapt the support they provided accordingly. One person said, "I think the staff understand why I might be angry sometimes."

Staff told us they were supported to understand people's needs, and to adapt the support they provided so they could respond as people's needs and the choices they made changed. They told us people's care plans were useful in helping them to do so. One staff member told us, "Care plans contain everything you should need to know."

The registered manager explained the provider was in the process of updating care plans to a new format, which would identify a set of outcomes that people had agreed with the people supporting them. These would be linked to assessments and support plans for each outcome. Care plans we looked at contained both the new format and also the previous format. They had clear and comprehensive information for staff on how people preferred their needs to be met, as well as what people were working towards and how staff could support them to achieve their aims.

People told us they were supported to make choices about what they wanted. For example, one person talked with us about where they liked to go, what they like to eat and explained that staff supported them in this.

The registered manager told us, and records confirmed, that the service worked to find alternative provision for people where their needs were not being met. They spoke with us about a situation where people who lived together and received shared support, did not gel, and as a result there were arguments between them. The provider was working with the people themselves, their families and commissioners to find ways to manage this, with a view to ensuring people were safe and happy, and that their needs could be met effectively.

The provider had a discrete team of staff who worked with people with complex needs and needed extra support. They called this the 'enhanced' team. The enhanced team worked closely with people and the staff supporting them. Records showed people were supported by this team where their needs changed and they needed extra support.

The provider supports a number of people who display behaviour which could cause themselves or others harm. Where this was the case, people's care records included detailed, information about what this meant for the people concerned, how staff could support the person to communicate how they were feeling, along with practical steps staff could try to calm the situation.

Where people had complex needs, these were identified in their care plans, and there was clear and detailed information for staff on how those needs should be met. For example, one person's care plan included an

'induction checklist' which was specific to them. This was in place as it had been identified the person could become anxious and agitated when new or unfamiliar staff supported them. This checklist helped to ensure new staff had essential information about the person's needs to help them support the person appropriately and avoid any anxiety.

Some people needed support with personal care. Staff told us this could be difficult as sometimes people declined to be assisted. One staff member told us how they approached this, as they understood it was important for people to maintain their personal hygiene. They said, "You need to give people time, take yourself away. Often, if you go away, when you go back they are ready to accept help." Another staff member commented, "It is better to encourage with humour, not telling people what to do." Relatives agreed staff responded to people's needs. One relative said, "[Name] can become preoccupied with things. They (staff) seem patient and deal with that well."

People were supported to maintain social activities which they enjoyed. People told us they engaged in a range of activities. One person talked with us about all the places they went during the week, and about how staff helped them do this. They said, "I do music, go walking, swimming, bowling. Staff are good." Where people engaged in social and vocational activities, their care records included information on how and when staff needed to support people with these. These activities were also linked to people's risk assessments so that people could be supported with social activities as safely as possible.

People told us they felt able to speak to staff if they wanted to complain about anything. Relatives also knew how to complain and raise concerns if they wanted to. One relative told us they had spoken to the registered manager about concerns they had that some of the staff supporting their relative were not sufficiently well trained, and were not pro-active in their approach. They explained they were happy with the response saying, "We are pro-active in raising concerns. [Registered manager] has dealt with them and I have seen some improvement. [Registered Manager] is on the ball. Communication has improved." There were policies and procedures for staff to follow to ensure complaints were dealt with effectively. Records showed complaints were dealt with appropriately, although records for 2016 did not include the dates complaints had been received or resolved. The registered manager took immediate action to ensure dates were added to the record.

## Is the service well-led?

### Our findings

Relatives told us the registered manager was effective in their role and was approachable. One relative told us, "We raised concerns about one of the support workers. The manager sorted it and we were happy." Another relative commented, "We get a good response if we raise things. If the team manager doesn't sort it quickly enough we go to the [registered manager]. She sorts things out quickly."

The majority of staff were positive about the registered manager and senior staff. One staff member commented, "My manager has been absolutely fantastic. You can go to her with absolutely anything." Another staff member told us, "Managers go above and beyond. They come out at all hours to try and support people rather than us having to phone on-call as people need familiar faces." Not all staff agreed, one staff member said, "Managers do not always seem to do their role. Some behaviours can get out of hand and things don't change as quickly as they should." However, staff told us they felt well supported by the registered manager and that there was an open, honest culture which meant they were able to ask for help, advice and guidance which made them feel valued and respected. They also told us the registered manager took action where this was necessary.

Staff were generally positive about working for the provider. One staff member commented, "You always feel supported. The clients are important to the company and so are the staff." Another staff member said, "I love it. I love my job. Working with the clients. It's really rewarding."

Staff were concerned about the impact of recent policy changes on people. For example, the provider would no longer be routinely refunding staff who used their own transport to help people get out and about. The registered manager told us they were encouraging staff to help people make use of public transport, which they felt would help people become more independent. They added that where it was assessed that people needed staff to use their own transport to help access the community, and there were no viable alternatives, this would still be considered. We spoke with the registered manager about how messages had been conveyed to staff. They told us how they had tried to explain the changes, but they agreed they needed to do so again to ensure staff were clear. Staff did not generally feel the quality of care people received had changed, one staff member commented, "It is going to take a while for things to settle down. I don't think it [the changes] has affected the level of care."

Staff told us they had the opportunity to share their views at staff meetings. Records showed staff had the opportunity to discuss the changing needs of people being supported and to share any concerns they might have. Staff told us they were listened to and that made them more likely to share their views. They told us issues were discussed, actions were agreed and progress on actions was fed back by the registered manager. One staff member said, "We talk about the clients. Any changes, anything we are worried about, any concerns we may have."

The provider looked for ways to improve the service it provided to people. One of the methods used to do this was to ensure staff training was kept up to date and staff could respond to people's needs effectively. The in-house trainer explained, "The training team [made up of trainers across the provider's services]

reports to the provider board monthly. MCA and safeguarding training had been moved to e-learning (training done on computer), but it was not working so the board agreed to bring that back to classroom training for new starters." They told us those new starters who had undertaken classroom based training on these areas had demonstrated improved understanding and awareness of the issues.

People were asked for their views of the service on a regular basis. Monthly 'service monitoring' visits were completed by senior staff, where they met with people to ask them how they were feeling, whether they were happy with their care and the staff who delivered it. The registered manager told us plans were in place for this information to be fed into a newly formed 'partnership board.' They explained the provider organisation had now established the partnership board for people who used the provider's services across the region, and that there would be six people (who had expressed an interest in being part of the board) on it, who used their services in Warwickshire. The registered manager told us the information would be used to make changes to the provider's services where matters raised indicated changes were required.

Relatives were asked to give their views of the service on a regular basis, both through a relatives forum which met on a regular basis, and also through questionnaires which the provider sent out regularly. Relatives we spoke with either attended or received the minutes of the forum meetings. One relative said, "There is a forum. If we have any problems, we raise them there." Staff were also asked to give their views of the service. The analysis of the most recent staff survey had identified a number of action points, such as more training and support for managers, and praise and recognition for staff.

Records showed that provider visits were undertaken to check that the service was run safely and effectively. Where issues were identified, actions were recommended and a record was kept of when and how these were to be completed and by whom. The registered manager was responsible for completing these actions and reported back to the provider once they were completed. Records showed that information was shared across the provider organisation on how actions allocated following the provider visits had progressed. This meant that the service for people was improved on an ongoing basis in response to what the provider had found.

The registered manager understood their legal responsibility for submitting statutory notifications to us. This included incidents that affected the service or people who used the service. These had been reported to us as required throughout the previous 12 months.